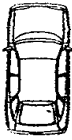


INS. CASE OWNER:

CC4/AIG20011052/Ebs3

IDAC:

ASSIGNMENTSurveyor: STEVEDOI: 13/10/2020Date / Time : 13/10/2020Registered in Merimen: 13/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SME 6474X

Claim No. : _____

Name of Insured : KOH EN RUI, AARON

Policy No. : _____

Insured Tel No. : _____ HP: _____

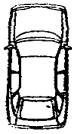
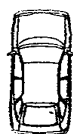
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 12/10/2020

Place of Accident : _____

Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SHB 4387C**INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 4387C : CC4/III19006160/K1hb3q2 ; DOA : 03/04/2019	STAGE DATE / PIC
	SME 6474X :	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) ☐ ☐
		After call ltr to OI: ☐ ☐
		Authorisation To Act: ☐ ☐
		Release Voucher: ☐ ☐
		Final Repair Bill: ☐ ☐
		Car Rental Invoice: ☐ ☐
		Towing Invoice ☐ ☐
		LTA / GIA : ☐ ☐
		Medical Bill: ☐ ☐
		PIR: ☐ ☐
		Mandate/Reject Instruction: ☐ ☐
		LOD ☐ ☐
		Payment Breakdown Form: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$ (_____ days) Reduction: _____ %	Confirm by: _____
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email ☐ Cal ☐
Repair Cost:	S\$	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	S\$ (_____ days)	
Loss of Use (LOU):	S\$ (\$ _____ x _____ days)	
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S\$	3) Survey fee:
Total:	S\$	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☐ Cal ☐
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: